

<b>Meeting Title</b>	<b>Primary Care Commissioning Committee</b>	<b>Date</b>	<b>Tuesday 1 March 2016</b>
<b>Meeting No.</b>	<b>14.</b>	<b>Time</b>	<b>2:30pm – 3:30pm <u>(Change of start time)</u></b>
<b>Chair</b>	<b>Mr Clive Wood Chair of the Committee</b>	<b>Venue / Location</b>	<b>Board Room, ELR CCG, Units 2 – 3, Bridge Business Park, 674 Melton Road, Thurmaston, Leicester, LE4 8BL.</b>

<b>ITEM</b>	<b>AGENDA ITEM</b>	<b>ACTION</b>	<b>PRESENTER</b>	<b>PAPER</b>	<b>TIMING</b>
PC/16/17	Welcome and Introductions		Clive Wood		2:30pm
PC/16/18	To receive questions from the Public in relation to items on the agenda	To receive	Clive Wood		
PC/16/19	Apologies for Absences	To receive	Clive Wood		
PC/16/20	Declarations of Interest on Agenda items	To receive	Clive Wood		2:35pm
PC/16/21	To Approve minutes of the previous meeting of the ELR CCG Primary Care Commissioning Committee held on 2 February 2016	To approve	Clive Wood	<b>A</b>	2:40pm
PC/16/22	To Receive Actions and Matters Arising following the meeting held on 2 February 2016	To receive	Clive Wood	<b>B</b>	

**COMMITTEE GOVERNANCE ARRANGEMENTS**

PC/16/23	Primary Care Commissioning Committee terms of reference	To receive	Tim Sacks	<b>C</b>	2:45pm
PC/16/24	Primary Care Delivery Group terms of reference	To approve	Tim Sacks	<b>D</b>	3:00pm

**OPERATIONAL ISSUES**

PC/16/25	Bank holiday Opening Times	To receive	Jamie Barrett	<b>Verbal</b>	3:15pm
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**ANY OTHER BUSINESS**

PC/16/26		To receive	Clive Wood	<b>Verbal</b>	3:25pm
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ITEM	AGENDA ITEM	ACTION	PRESENTER	PAPER	TIMING
<b>DATE OF NEXT MEETING</b>					
PC/16/27	<b>Date of next meeting:</b> Tuesday 5 April 2016 at 2:00pm, ELR CCG, <b>Framland meeting room (new offices):</b> <b>Leicestershire County Council, County Hall,</b> <b>Glenfield, Leicester, LE3 8TB</b>		Clive Wood		

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**EAST LEICESTERSHIRE AND RUTLAND CLINICAL COMMISSIONING GROUP**

**Minutes of the Primary Care Commissioning Committee held on Tuesday 2 February 2016 at 2:00pm in Boardroom, ELR CCG, Units 2 & 3, Bridge Business Park, 674 Melton Road, Thurmaston, Leicester, LE4 8BL**

**Present:**

Mr Clive Wood	Lay Chair (Chair of the Committee)
Mr Tim Sacks	Chief Operating Officer (Deputy Chair of the Committee, ELR CCG)
Mrs Donna Enoux	Chief Finance Officer
Dr Anne Scott	Deputy Chief Nurse (on behalf of Chief Nurse and Quality Officer)
Dr Andy Ker	Clinical Vice Chair
Dr Nick Glover	GP, Blaby and Lutterworth Locality Lead
Dr Vivek Varakantam	GP, Oadby and Wigston Locality Lead

**In attendance:**

Mr Jamie Barrett	Head of Primary Care
Mrs Daljit K. Bains	Head of Corporate Governance and Legal Affairs, ELR CCG
Ms Caroline Goulding	Senior Contract Manager, NHS England / ELR CCG
Ms Kiran Loi	Public Health Specialty Registrar (on behalf of Mike Sandys representative from Health and Wellbeing Boards Leicestershire and Rutland).
Ms Sue Staples	Healthwatch Leicestershire
Mr Ivan Lybird	Development Officer, Healthwatch Leicestershire
Ms Jenifer Fenelon	Healthwatch Rutland
Ms Claire Deare	Development Manager, Leicester, Leicestershire and Rutland Local Medical Committee
Mrs Amardip Lealh	Corporate Governance Manager (minutes)

ITEM	DISCUSSION	LEAD RESPONSIBLE
PC/16/01	<p><b>Welcome and Introductions</b></p> <p>Mr Clive Wood welcomed all members to the Public meeting of the Primary Care Commissioning Committee (PCCC), in particular, Mr Ivan Lybird, Healthwatch Leicestershire. This was followed by a series of introductions from all members present.</p> <p>Mr Wood informed the Committee that due to the sensitive nature of the following items, they have been withdrawn from the Public agenda and will be discussed within the Confidential PCCC meeting:</p> <ul style="list-style-type: none"> <li>• Item PC/16/09 – Premises Review</li> <li>• Item PC/16/11 – ELR GP Federation: Finance and Assurance</li> </ul>	
PC/16/02	<p><b>To receive questions from the Public in relation to items on the agenda</b></p> <p>No questions received as there were no members of public</p>	

ITEM	DISCUSSION	LEAD RESPONSIBLE
	present.	
PC/16/03	<p><b>Apologies for Absence:</b></p> <ul style="list-style-type: none"> <li>• Mrs Carmel O'Brien, Chief Nurse and Quality Officer;</li> <li>• Dr Saqib Anwar, Leicestershire and Rutland Local Medical Committee.</li> </ul>	
PC/16/04	<p><b>Declarations of Interest</b></p> <p>All GPs present declared an interest in any items relating to commissioning of primary care where a potential conflict may arise, with particular reference to the following item on the agenda:</p> <ul style="list-style-type: none"> <li>• <b>PC/16/10: Primary Care Business Case Development (Primary Medical Services (PMS) / Funding Differential Review (FDR) Funding</b> due to the potential income that could be allocated to their Practices.</li> </ul>	
PC/16/05	<p><b>To Approve minutes of the previous meeting of the ELR CCG Primary Care Commissioning Committee held on 5 January 2016 (Paper A)</b></p> <p>The minutes of the meeting held on Tuesday 5 January 2016 were approved, subject to the following amendments:</p> <ul style="list-style-type: none"> <li>• <b>Page 5, paragraph 2 (PC/15/133: Options Appraisal for Reinvestment of PMS / FDR Premium)</b> – Mrs Donna Enoux requested the last sentence to be amended as follows (in italics): The <i>PMS / FDR funding scheme</i> is a protected source of funding.</li> <li>• <b>Page 6, last paragraph (PC/15/133: Options Appraisal for Reinvestment of PMS / FDR Premium)</b> – Mrs Donna Enoux requested the whole of the last paragraph is highlighted as an action.</li> <li>• <b>Page 7, paragraph 5 (PC/15/134: 7-day Working in Primary Care)</b> – Dr Vivek Varakantam requested the word “etc” to be removed from the last sentence.</li> </ul> <p>It was <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>APPROVE</b> the minutes of the last meeting, subject to the above amendments.</li> </ul>	

ITEM	DISCUSSION	LEAD RESPONSIBLE
PC/16/06	<p><b>To Receive Matters Arising following the meeting held on 5 January 2016 (Paper B)</b>            The revised matters arising following the meeting held on Tuesday 5 January 2016 were received, with the following updates noted:</p> <ul style="list-style-type: none"> <li>• <b>PC/15/14: Strategic Planner / Work Programme 2015/16 – Medicines Optimisation and Dispensing Strategy</b>              Mr Tim Sacks confirmed work has taken place with Mrs Enoux and Mrs Phyllis Navti, Head of Prescribing to develop the strategy, which will be presented to the Committee in March 2016. <b>Action ongoing.</b></li> </ul> <p>It was <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>RECEIVE</b> the matters arising.</li> </ul>	
PC/16/07	<p><b>Reporting / Terms of Reference for ELR CCG's PCCC</b>            Mr Wood informed the Committee that following his recent appointment as Chair to the CCG's PCCC, it was a timely opportunity to review and develop the Terms of Reference for the PCCC to ensure the appropriate structures and reporting processes are in place.</p> <p>Mr Sacks stated the role of the PCCC is to provide assurance on decision-making processes, due diligence, quality, and to effectively manage conflicts / declarations of interest, which sits outside of the Governing Body. Over the last few meetings of the PCCC, it has been noted that there is an overlap between Committees, which has been discussed with Mr Wood, Mrs Daljit Bains and Mr Sacks who agree the functionality and reporting of the current Primary Care Development Group (PCDG) is also reviewed and feeds into the PCCC. It is proposed this Group is advanced into a Primary Care <i>Delivery</i> Group.</p> <p>It is acknowledged there are currently 8 GPs on the Governing Body, 3 of who are members of the PCCC.</p> <p>In addition, Mr Wood informed the Committee that he will be attending NHS England's Primary Care Co-Commissioning: Lay Member training in February 2016.</p> <p>Dr Andy Ker informed the Committee that as Chair of the SPCC, he too has noted that Committees work in isolation and felt the proposed way forward was a positive approach.</p>	

ITEM	DISCUSSION	LEAD RESPONSIBLE
	<p>This was the consensus from other GP members present. Dr Nick Glover felt that as the PCCC informs the work of the PCDG, a clear message is required from the PCCC to align to the work programme of the PCGD.</p> <p>Mr Sacks welcomed the comments made. Mr Sacks to present a <b>formal update, including draft Terms of Reference to the PCCC in March 2016.</b></p> <p>It was <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>RECEIVE</b> the update.</li> </ul>	<p><b>Tim Sacks</b></p>
<p><b>PC/16/08</b></p>	<p><b>Strategic Planner / Work Programme – Update</b></p> <p>Ms Caroline Goulding informed the Committee that the CCG has been in the process of developing a work programme over the last 10 months to include appropriate reporting, key contacts, the amalgamation of the GP SIP/DES etc. The work has included lead officers within the Contracting and Quality teams to include contract monitoring / Care Quality Commission monitoring. It was noted the work programme is almost complete and will be communicated to Practices shortly.</p> <p>As part of the delegated authority from NHS England to the CCG, an assurance report is to be presented to NHS England. In addition, Mr Sacks confirmed an annual review will also be undertaken to include future plans for primary care commissioning, which will be supported by a single primary care strategy. This will be presented to the PCCC, prior to final sign-off by the Governing Body.</p> <p>Dr Varankantam welcomed the support and development for GP Practices; however queried the implementation and dissemination of good practice. It was noted this links to the Quality dashboard; Locality meetings; patient forums; and Healthwatch.</p> <p>In response to Mrs Jennifer Fenelon's query, Mr Sacks confirmed a very clear plan for Pharmacy and Optometry community based contracts that currently sit with the CCG, will be included within the work programme for 2016 -17; however, there are no current Dental contracts at this moment in time.</p> <p>It was <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>RECEIVE</b> the update.</li> </ul>	

ITEM	DISCUSSION	LEAD RESPONSIBLE
<b>PC/16/09</b>	<p><b>Premises Review</b> Mr Wood reiterated that due to the sensitive nature of this report, it has been withdrawn from the Public agenda and will be discussed within the Confidential PCCC meeting.</p>	
<b>PC/16/10</b>	<p><b>Primary Care Business Case Development (Primary Medical Services (PMS) / Funding Differential Review (FDR) Funding</b> Mr Sacks informed the Committee this item links to the previous item discussed (PC/16/07) in relation to the Terms of Reference for the PCCC. The Business Case links to the Primary Care Strategy and will be the responsibility of the Primary Care Delivery Group, when established; and approved by the SPCC.</p> <p>In response to Dr Ker's query in relation to receipt of the final business case at the PCCC, Mr Sacks confirmed this will be presented to the PCCC following approval.</p> <p>In the absence of the Primary Care Delivery Group, Mrs Bains notified the Committee the business case will also be formally presented to the PCCC as it currently holds the responsibility.</p> <p>Mr Wood welcomed comments made by the Committee to empower and enable the PCCC to move forward.</p> <p><b>It was RESOLVED to:</b></p> <ul style="list-style-type: none"> <li>• <b>RECEIVE</b> the update.</li> </ul>	
<b>PC/16/11</b>	<p><b>ELR CCG GP Federation – Finance and Assurance</b> Mr Wood reiterated that due to the sensitive nature of this report, it has been withdrawn from the Public agenda and will be discussed within the Confidential PCCC meeting.</p>	
<b>PC/16/12</b>	<p><b>Boundary Changes Principles (Paper E)</b> Mr Jamie Barrett presented this report, which provided an update to the boundary changes since the last report to the PCCC in September / October 2015.</p> <p>The purpose of the report is to review and approve the principles on which boundary changes will be assessed where a Practice wishes to reduce their practice boundary to:</p> <ol style="list-style-type: none"> <li>a) the CCGs boundary; or</li> <li>b) the boundary within the CCG area.</li> </ol> <p>Mr Barrett also informed the PCCC that both Leicester City</p>	

ITEM	DISCUSSION	LEAD RESPONSIBLE
	<p>CCG and West Leicestershire CCG have agreed (through their PCCC), an additional principle and criteria for assessment where the application for a boundary change wants to reduce their Practice boundary to the CCG's boundary (detailed within sections 3 – 5 of the report).</p> <p>Mr Wood requested clarification in relation to the following sections:</p> <ul style="list-style-type: none"> <li>• Section 3 - the word 'and' to be removed from the sentence as it did not quite read right. On reflection, it was agreed the sentence to read as follows:          'Where a practice with the boundary that covers more than one Clinical Commissioning Group boundary and wants to concentrate their delivery in their membership Clinical Commissioning Group area, this would normally be supported subject to there being sufficient capacity within the practices left in the excluded area to manage any new registrations.'</li> <li>• Section 6 – whether the PCCC is a Co-Commissioning Committee. It was noted to remove the word 'Co-' as the PCCC is a Commissioning Committee.</li> <li>• Section 7 – to change the word 'additional' to 'addition.'</li> </ul> <p>Mr Sacks agreed with the additional principle and disappointed this was not included prior to the boundary change which directly affected the Leicester Forest East Practice and did not consider the implications. In addition, it was felt section 6 required strengthening to include a power of veto and should not be approved in its current form. In response to Mr Barrett's query in relation to the powers the CCG has; Mrs Bains confirmed the principles have been agreed previously by Leicester, Leicestershire and Rutland followed by a number of changes since. However, each PCCC is required to make a decision and if ELR CCG PCCC do not agree to the proposed principles, they can be reviewed and presented again. Mr Wood fully accepted the concerns raised, however, queried further clarification from a governance perspective. Ms Claire Deare confirmed attendance at all 3 LLR CCC PCCCs where similar issues have been considered .</p> <p>Dr Glover was slightly uncomfortable with the principles being applied to residential homes that have an increasing number of dependent patients. Ms Deare stated appropriate primary care for these patients would need to be arranged in these circumstances. Mrs Fenelon informed the Committee that the County Council are in the process of developing a scheme to</p>	

ITEM	DISCUSSION	LEAD RESPONSIBLE
	<p>support with care homes. It was recognised accessibility is varied across LLR, however, it is noted a more robust core business process is required, especially for the teams managing the process in order for this to be followed accurately.</p> <p>It was agreed to approve the proposed boundary change principles, subject to the amendments above (sections, 3, 6 and 7); noting the disappointment that the principles were not stronger.</p> <p>It was <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>APPROVE</b> the boundary change principles, subject to the above amendments.</li> </ul>	
<p><b>PC/16/13</b></p>	<p><b>Healthwatch Leicestershire (HWL) – ELR CCG Community Conversations Reports</b></p> <p>Ms Sue Staples presented this report, which included the findings of the Healthwatch Leicestershire's Community Conversations Campaign between August – October 2015; and thanked the Committee for the opportunity to present the findings.</p> <p>The campaign included a series of questions in relation to patient choice / access, urgent care centres, sharing of personal health records, information required in waiting areas, and other patient experiences / views; which resulted in:</p> <ul style="list-style-type: none"> <li>• over 500 members of the public were spoken to via the HWL Listening Booth;</li> <li>• 326 surveys completed across 14 events;</li> <li>• various public, statutory and voluntary sector stakeholders involved.</li> </ul> <p>The themes emerging from the findings of the campaign were summarised as follows:</p> <ul style="list-style-type: none"> <li>• When GP is closed – strong signs of change in behaviours as patients are thinking about alternative services (e.g. NHS 111);</li> <li>• Urgent Care Centres (UCC) – disappointing to note that over 40% were unsure where to find their nearest UCC;</li> <li>• Sharing Information – patients felt it would be useful if hospital consultants had access to GP records especially in emergency situations;</li> <li>• Waiting room information – patients felt it would be useful to have information about services alternative to</li> </ul>	

ITEM	DISCUSSION	LEAD RESPONSIBLE
	<p>their GPs, including contacts for Out of Hours services and UCCs.</p> <p>Ms Staples informed the PCCC that the report will be presented / disseminated to:</p> <ul style="list-style-type: none"> <li>• West Leicestershire CCG</li> <li>• Health and Wellbeing Board</li> <li>• Better Care Together Programme Board</li> <li>• LLR System Resilience Group</li> <li>• Urgent Care Board.</li> </ul> <p>Mr Wood noted HWL's request in the report for the CCG's website to provide details of the UCCs for all districts and boroughs within LLR and neighbouring counties will be reviewed by the Communications team. In addition, Mr Sacks stated patients could also download the new mobile phone app 'NHS now' app, which helps patients identify the nearest healthcare provider and details of UCCs.</p> <p>In response to Mr Wood's query whether the report has been presented to the CCG's Governing Body, Mrs Bains confirmed the HWL report can be presented at the next Governing Body meeting in March 2016.</p> <p>Mr Barrett queried whether HWL held a breakdown of the age groups involved in the campaign, which Ms Staples confirmed was held by HWL and can be viewed, if required.</p> <p>Dr Glover noted a strong report from HWL which included qualitative data, however, struggled to understand the statistics presented as these assume they relate to the whole population. It was felt the data loses value in its current form; and is not reflective of the population. It was agreed Mr Lybird to review the data.</p> <p>Mrs Fenelon informed the PCCC a similar activity was undertaken within Healthwatch Rutland, which identified the same 4 emerging themes. The report can be presented, if required.</p> <p><b>It was agreed the HWL Community Conversations report will be presented to the CCG's Governing Body; and for HWL to disseminate to all stakeholders; the Local Medical Committee's (for inclusion within their newsletter); and the PPEG.</b></p> <p>Mr Sacks noted the comment recorded by a Melton resident</p>	<p><b>Sue Staples</b></p>

ITEM	DISCUSSION	LEAD RESPONSIBLE
	<p>(page 24) and confirmed this did not relate to services provided by urgent care. The patient spent 10 weeks in Melton hospital due to multiple organ failure.</p> <p>It was <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>RECEIVE</b> the update.</li> </ul>	
<p><b>PC/16/14</b></p>	<p><b>Primary Care Delivery Group (PCDG)</b>          Mr Barrett stated this links to items previously discussed (PC/16/07 and PC/16/10) above and stated further work is required to ensure the successful development of the Primary Care Delivery Group.</p> <p>Dr Glover requested the role of the Practice Managers to be reviewed as part of the new PCDG, to which Mr Sacks informed this includes 2 Practice Manager posts; both of whom are up for re-election. In light of this, Mr Sacks has contacted Mr Robert Whitehead, Chair of the Practice Manager's Forum, to ensure these roles are up to date and appropriate. It is noted these roles did not have an honorary contract in the past, which will be reviewed to manage conflicts of interest, confidentiality, sharing of information etc. This was welcomed by Mr Whitehead.</p> <p>It was agreed the draft Terms of Reference for the new PCDG will be presented to the PCCC for approval.</p> <p>It was <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>RECEIVE</b> the update.</li> </ul>	
<p><b>PC/16/15</b></p>	<p><b>Any other Business</b>          There was no other business to discuss.</p>	
<p><b>PC/16/16</b></p>	<p><b>Date of Next Meeting</b>          Tuesday 1 March 2016, 2:00pm – 5:00pm, Board Room, ELR CCG office, Unit 2-3 (Ground Floor), 674 Melton Road, Thurmaston, Leicester, LE4 8BL.</p> <p>The dates of the forthcoming PCCC meetings for 2016 – 17, were listed in Paper G.</p>	

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**NHS EAST LEICESTERSHIRE AND RUTLAND CLINICAL COMMISSIONING GROUP PRIMARY CARE COMMISSIONING COMMITTEE MEETING**

Key

**ACTION NOTES**

Completed	On-Track	No progress made
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Minute No.	Meeting	Item	Responsible Officer	Action Required	To be completed by	Progress as at 25 February 2016	Status
PC/15/14	14 April 2015	<b>Strategic Planner / Work Programme 2015 - 16</b>	Tim Sacks	<b>Medicines Optimisation and Dispensing Strategy</b> Initial plan to be developed and presented to the Committee in July 2015.	February 2016	Strategy currently under review – final draft due March / April 2016. <b>Action ongoing.</b>	<b>AMBER</b>
PC/15/134	5 January 2016	<b>7-Day Working in Primary Care</b>	Jamie Barrett	Following the implementation of the pilot from January – June 2016, monthly performance data to be presented on a quarterly basis (i.e. April and July 2016) for the Practices involved in the pilot.	April 2016	<b>Action ongoing.</b>	<b>AMBER</b>
PC/16/07	2 February 2016	<b>Reporting / Terms of Reference for ELR CCG's PCCC</b>	Tim Sacks / Daljit Bains	To review the Committee Terms of Reference to ascertain if they need to be reviewed.	March 2016	On agenda. <b>ACTION COMPLETE</b>	<b>GREEN</b>

Minute No.	Meeting	Item	Responsible Officer	Action Required	To be completed by	Progress as at 25 February 2016	Status
PC/16/13	2 February 2016	<b>Healthwatch Leicestershire (HWL) – ELR CCG Community Conversations Report</b>	Sue Staples	To: - Present the report to the Governing Body; - Disseminate to stakeholders; - Forward to the Local Medical Committee for inclusion within their newsletter.	March 2016	<b>Action ongoing.</b>	<b>AMBER</b>

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**NHS EAST LEICESTERSHIRE AND RUTLAND CCG  
PRIMARY CARE COMMISSIONING COMMITTEE MEETING**

**Front Sheet**

<b>Title of the report:</b>	<b>Primary Care Commissioning Committee terms of reference</b>
<b>Report to:</b>	<b>Primary Care Commissioning Committee</b>
<b>Date of the meeting:</b>	<b>1 March 2016</b>
<b>Report by:</b>	<b>Daljit K. Bains, Head of Corporate Governance and Legal Affairs</b>
<b>Presented by:</b>	<b>Tim Sacks, Chief Operating Officer</b>

**PURPOSE OF THE REPORT:**

The Primary Care Commissioning Committee is asked to note that under paragraph 29 of the existing terms of reference (as at Appendix 1) the Committee has the authority from NHS England to establish a sub-group and delegate tasks to sub-groups to enable the Committee to fulfil its delegated functions. A scheme of delegations will be established detailing the delegations to the sub-group, which will be in line with the terms of reference.

The draft terms of reference for the establishment of the Primary Care Delivery Group have been compiled for consideration by the Committee as provided under a separate item on the agenda. The terms of reference for the Committee are presented here to assure the Committee that it can establish sub-groups.

**RECOMMENDATIONS:**

The East Leicestershire and Rutland Primary Care Commissioning Committee is requested to:

**RECEIVE** the report for information.



## ***East Leicestershire and Rutland Clinical Commissioning Group***

### **Primary Care Commissioning Committee**

#### **Terms of Reference (version 1, draft 2, March 2015)**

##### **Introduction**

1. Simon Stevens, the Chief Executive of NHS England, announced on 1 May 2014 that NHS England was inviting CCGs to expand their role in primary care commissioning and to submit expressions of interest setting out the CCG's preference for how it would like to exercise expanded primary **medical** care commissioning functions. One option available was that NHS England would delegate the exercise of certain specified primary care commissioning functions to a CCG.
2. In accordance with its statutory powers under section 13Z of the National Health Service Act 2006 (as amended), NHS England has delegated the exercise of the functions specified in Schedule 2 to these Terms of Reference to East Leicestershire and Rutland CCG. The delegation is set out in Schedule 1.
3. The CCG has established the Primary Care Commissioning Committee ("Committee"). The Committee will function as a corporate decision-making body for the management of the delegated functions and the exercise of the delegated powers. These terms of reference shall effect as if incorporated into the CCG's Constitution.
4. It is a Committee comprising representatives of the following organisations:
  - East Leicestershire and Rutland CCG
  - NHS England;
  - Health and Wellbeing Board Leicestershire
  - Health and Wellbeing Board Rutland
  - Healthwatch Leicestershire
  - Healthwatch Rutland

##### **Statutory Framework**

5. NHS England has delegated to the CCG authority to exercise the primary care commissioning functions set out in Schedule 2 in accordance with section 13Z of the NHS Act.
6. Arrangements made under section 13Z may be on such terms and conditions (including terms as to payment) as may be agreed between the Board and the CCG.
7. Arrangements made under section 13Z do not affect the liability of NHS England for the exercise of any of its functions. However, the CCG acknowledges that in

- exercising its functions (including those delegated to it), it must comply with the statutory duties set out in Chapter A2 of the NHS Act and including:
- a) Management of conflicts of interest (section 14O);
  - b) Duty to promote the NHS Constitution (section 14P);
  - c) Duty to exercise its functions effectively, efficiently and economically (section 14Q);
  - d) Duty as to improvement in quality of services (section 14R);
  - e) Duty in relation to quality of primary medical services (section 14S);
  - f) Duties as to reducing inequalities (section 14T);
  - g) Duty to promote the involvement of each patient (section 14U);
  - h) Duty as to patient choice (section 14V);
  - i) Duty as to promoting integration (section 14Z1);
  - j) Public involvement and consultation (section 14Z2).
8. The CCG will also need to specifically, in respect of the delegated functions from NHS England, exercise those set out below:
- Duty to have regard to impact on services in certain areas (section 13O);
  - Duty as respects variation in provision of health services (section 13P).
9. The Committee is established as a committee of the East Leicestershire and Rutland Governing Body in accordance with Schedule 1A of the “NHS Act”.
10. The members acknowledge that the Committee is subject to any directions made by NHS England or by the Secretary of State.

### **Role of the Committee**

11. The Committee has been established in accordance with the above statutory provisions to enable the members to make collective decisions on the review, planning and procurement of primary care services in East Leicestershire and Rutland, under delegated authority from NHS England.
12. In performing its role the Committee will exercise its management of the functions in accordance with the agreement entered into between NHS England and East Leicestershire and Rutland CCG, which will sit alongside the delegation and terms of reference.
13. The functions of the Committee are undertaken in the context of a desire to promote increased co-commissioning to increase quality, efficiency, productivity and value for money and to remove administrative barriers.
14. The role of the Committee shall be to carry out the functions relating to the commissioning of primary medical services under section 83 of the NHS Act.
15. This includes the following:

- GMS, PMS and APMS contracts (including the design of PMS and APMS contracts, monitoring of contracts, taking contractual action such as issuing branch/remedial notices, and removing a contract);
- Newly designed enhanced services (“Local Enhanced Services” and “Directed Enhanced Services”);
- Design of local incentive schemes as an alternative to the Quality Outcomes Framework (QOF);
- Decision making on whether to establish new GP practices in an area;
- Approving practice mergers; and
- Making decisions on ‘discretionary’ payment (e.g., returner/retainer schemes).

16. The CCG will also carry out the following activities:

- a) To plan, including needs assessment, primary medical care services in East Leicestershire and Rutland;
- b) To undertake reviews of primary medical care services in East Leicestershire and Rutland;
- c) To co-ordinate a common approach to the commissioning of primary care services generally;
- d) To manage the budget for commissioning of primary medical care services in East Leicestershire and Rutland.

### **Geographical Coverage**

17. The Committee will comprise the East Leicestershire and Rutland CCG.

### **Membership**

18. The Committee shall consist of the list of members included as Schedule 2.

19. The Chair of the Committee shall be the CCG Chair. The Chair of the Committee shall be a lay member of the CCG who is not the Chair of the Audit Committee as the Audit Committee will be responsible for reviewing and scrutinising the decision-making processes of this Committee.

20. The Vice Chair of the Committee shall be the Chief Operating Officer who has executive responsibility for primary care.

21. Non-voting members who will be in attendance (i.e. non-voting attendees) will include representatives from the local Health and Wellbeing Boards and the local HealthWatch. Representatives will be sent a standing invite.
22. Should members not be able to attend, nominated deputies, with appropriate delegated authority, may take their place in agreement with the Chair of the Committee.

### **Meetings and Voting**

23. The Committee will operate in accordance with the CCG's Standing Orders. The secretarial support for the Committee will be provided by the Head of Corporate Governance and Legal Affairs. The secretary to the Committee will be responsible for giving notice of meetings. This will be accompanied by an agenda and supporting papers and sent to each member representative no later than 7 days before the date of the meeting. When the Chair of the Committee deems it necessary in light of the urgent circumstances to call a meeting at short notice, the notice period shall be in line with the CCG Standing Orders.
24. Each voting member of the Committee shall have one vote. The Committee shall reach decisions by a simple majority of members present, but with the Chair having a second and deciding vote, if necessary. However, the aim of the Committee will be to achieve consensus decision-making wherever possible.

### **Quorum**

25. The quorum for the Committee will be the following:

- Chair of the Committee or deputy Chair
- Chief Operating Officer or deputy
- Chief Finance Officer or deputy
- Chief Nurse and Quality Officer or deputy

### **Frequency of meetings**

26. The Committee will meet on a weekly basis for the first month following its establishment. Thereafter, the Committee will meet on a monthly basis.
27. Meetings of the Committee shall:
  - a) be held in public, subject to the application of 23(b);
  - b) the Committee may resolve to exclude the public from a meeting that is open to the public (whether during the whole or part of the proceedings) whenever publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or for other special reasons stated in the resolution and arising from the nature of that business or of the proceedings or for any other reason permitted by the Public Bodies

(Admission to Meetings) Act 1960 as amended or succeeded from time to time.

28. Members of the Committee have a collective responsibility for the operation of the Committee. They will participate in discussion, review evidence and provide objective expert input to the best of their knowledge and ability, and endeavour to reach a collective view.
29. The Committee may delegate tasks to such individuals, sub-committees or individual members as it shall see fit, provided that any such delegations are consistent with the parties' relevant governance arrangements, are recorded in a scheme of delegation, are governed by terms of reference as appropriate and reflect appropriate arrangements for the management of conflicts of interest.
30. The Committee may call additional experts to attend meetings on an ad hoc basis to inform discussions.
31. Members of the Committee shall respect confidentiality requirements as set out in the CCG's Constitution and information governance policies.
32. The Committee will present its minutes to Central Midlands Area Team of NHS England and the Governing Body of East Leicestershire and Rutland CCG each month for information, including the minutes of any sub-committees to which responsibilities are delegated under paragraph 28 above.
33. The CCG will also comply with any reporting requirements set out in its Constitution.
34. It is envisaged that these Terms of Reference will be reviewed from time to time, reflecting experience of the Committee in fulfilling its functions. NHS England may also issue revised model terms of reference from time to time.

### **Accountability of the Committee**

***[Budget and resource accountability arrangements and the decision-making scope of the Committee to be included within this section as agreed]***

**The CCG will need to review its Standing Financial Instructions and Standing Orders to ensure that are sufficient in the context of delegated commissioning. These will be reviewed by February 2015.**

**For the avoidance of doubt, in the event of any conflict between the terms of this Scheme of Delegation and Terms of Reference and the Standing Orders of Standing Financial Instructions of any of the members, the latter will prevail. The appropriate consultation will take place with members of the CCG and members of the public in line with the CCG Constitution.**

### **Procurement of Agreed Services**

**The detailed arrangements regarding procurement will be set out in the delegation agreement.**

## **Decisions**

35. The Committee will make decisions within the bounds of its remit.
36. The decisions of the Committee shall be binding on NHS England and East Leicestershire and Rutland CCG.
37. The Committee will produce an executive summary report which will be presented to Central Midlands Area Team of NHS England and the Governing Body of East Leicestershire and Rutland of the CCG each month for information.

## **[Signature provisions]**

### **Schedule 1 – Delegated functions-to be added when final arrangements confirmed]**

### **Schedule 2 - List of Members**

#### **Proposed membership:**

##### Voting members:

- CCG Chair – Chair of Committee
- Chief Operating Officer – deputy chair
- Chief Nurse and Quality Officer
- Chief Finance Officer
- 3 x GP Governing Body members

##### Non-voting members in attendance:

- A representative from Health and Wellbeing Board Rutland
- A representative from Health and Wellbeing Board Leicestershire
- A representative from Healthwatch Rutland
- A representative from Healthwatch Leicestershire
- A representative from the Leicester, Leicestershire and Rutland Local Medical Committee

##### The following individuals will be in attendance (not members) as required:

- Head of Primary Care Quality (CCG)
- Head of Primary Care (CCG)
- Head of Primary Care Contracts (NHS England) – advisory role

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**NHS EAST LEICESTERSHIRE AND RUTLAND CCG  
PRIMARY CARE COMMISSIONING COMMITTEE MEETING**

**Front Sheet**

<b>Title of the report:</b>	<b>Primary Care Delivery Group terms of reference</b>
<b>Report to:</b>	<b>Primary Care Commissioning Committee</b>
<b>Date of the meeting:</b>	<b>1 March 2016</b>
<b>Report by:</b>	<b>Jamie Barrett, Head of Primary Care Daljit K. Bains, Head of Corporate Governance and Legal Affairs</b>
<b>Presented by:</b>	<b>Tim Sacks, Chief Operating Officer</b>

<b>PURPOSE OF THE REPORT:</b>
<p>Further to discussions at the Primary Care Commissioning Committee meeting in February 2016, the draft terms of reference for the establishment of the Primary Care Delivery Group have been compiled for consideration by the Committee.</p> <p>The Group will be established as a sub-group of the Primary Care Commissioning Committee.</p> <p>The Committee will be aware that there is an existing group in operation (the Primary Care Development Group) which will be disestablished to enable the responsibilities, as detailed within the terms of reference at Appendix 1, to be part of the remit of the newly established Primary Care Delivery Group.</p> <p>The draft terms of reference for the Primary Care Delivery Group (as at Appendix 1) are presented to the Primary Care Commissioning Committee for approval.</p>

<b>RECOMMENDATIONS:</b>
<p>The East Leicestershire and Rutland Primary Care Commissioning Committee is requested to:</p> <p><b>DISESTABLISH</b> the Primary Care Development Group;</p> <p><b>APPROVE</b> the establishment of the Primary Care Delivery Group as a sub-group of the Primary Care Commissioning Committee; and</p> <p><b>APPROVE</b> the terms of reference for the Primary Care Delivery Group as at Appendix 1.</p>

<b>REPORT SUPPORTS THE FOLLOWING STRATEGIC AIM(S) 2015 – 2016:</b>			
Transform services and enhance quality of life for people with long-term conditions	✓	Improve integration of local services between health and social care; and between acute and primary/community care.	✓
Improve the quality of care – clinical effectiveness, safety and patient experience	✓	Listening to our patients and public – acting on what patients and the public tell us.	
Reduce inequalities in access to healthcare	✓	Living within our means using public money effectively	✓
Implementing key enablers to support the strategic aims (e.g. constitutional and governance arrangements, communications and patient engagement).			✓

<b>EQUALITY ANALYSIS</b>
An Equality Analysis and due regard to the positive general duties of the Equality Act 2010 has not been undertaken in respect of this report. The Primary Care Delivery Group will ensure due regard is considered in the consideration of its responsibilities.

## **NHS EAST LEICESTERSHIRE AND RUTLAND CCG**

### **Primary Care Delivery Group**

#### **Terms of Reference (v1, draft 1 – February 2016)**

#### **1. Purpose**

The Primary Care Delivery Group (the 'Group' hereafter) is a sub-group of the Primary Care Commissioning Committee. Its purpose is to design, plan, develop, and deliver the business cases, processes and systems of primary care services as delegated by the Primary Care Commissioning Committee. The Group is not a decision-making Group; it will make recommendations to the Primary Care Commissioning Committee.

#### **2. Membership**

The membership of the Group will consist of:

- Head of Primary Care – chair of the Group
- GP Governing Body members (the Primary Care Lead) – deputy chair
- All GP Governing Body members who do not attend the Primary Care Commissioning Committee
- Consultant in Public Health
- Practice Manager representatives x 2
- Senior Primary Care Contracts Manager
- Primary Care Implementation and Delivery Manager
- Head of Medicines Management

Should members of the Group not be able to attend, nominated deputies may take their place.

A recommendation put to a vote at a meeting shall be determined by a majority of the votes of members present. In the case of an equal vote, the Chair of the Group shall have a second and casting vote.

#### **4. Attendance**

The Group may request attendance by other personnel when focussing on particular issues. Other individuals shall be in attendance as required.

#### **5. Quorum**

The quorum for the Group will be the following:

- Chair of the Group or Deputy Chair
- A GP governing body member
- A Practice Manager

- A Public Health representative

## **6. Administration**

The administration and minute taking of the Group will be carried out by the Locality Administrator.

## **7. Frequency of meetings**

The Group will meet on a monthly basis and conduct its meeting ensuring adherence to the CCG's Constitution, policies and the Nolan Principles.

## **8. Duties**

The Primary Care Delivery Group will:

- a) Plan the delivery and design process and systems of primary care services delegated by the Primary Care Commissioning Committee.
- b) Develop business cases on behalf of the Primary Care Commissioning Committee in line with the Primary Care Strategy and following approval of the financial allocations. Make recommendations to the Primary Care Commissioning Committee for approval of business cases and options appraisals.
- c) Act as an advisory group on primary care related matters from service design, operational queries, concerns and local intelligence and information sharing
- d) Develop and recommend service priorities for East Leicestershire and Rutland CCG based on available resources to be communicated to the Primary Care Commissioning Committee.
- e) Develop, support and improve primary care services in East Leicestershire and Rutland CCG.
- f) Oversee the process for implementing the CCG Quality Framework for primary care services and getting sign off from the appropriate forum.
- g) Maintain effective internal and external communication flows that will support development of consistent approaches to service delivery across the whole health economy
- h) To act within the groups remit and scope detailed above

## **9. Reporting responsibilities**

The Group will provide a written summary report of the outcomes of the meeting; propose recommendations for approval by the Primary Care Commissioning Committee; and detail risks and issues to be escalated to the Primary Care

Commissioning Committee. The approved minutes of the meeting will be appended to the summary report.

#### **10. Review of Terms of Reference**

These Terms of Reference will be reviewed annually or sooner if required and recommendations made to the Primary Care Commissioning Committee for approval.

<b>Date of approval:</b>	
<b>Review Date:</b>	